

TOWN OF DAVIE

LEAVE AUTHORIZATION

Employee I.D. Number (*last four digits of employee SS*) #: XXXX-XX-

This Authorization Concerns: _____
Last Name First Name Middle Name

Payroll Classification: _____ Department: _____

Union: ☐ Yes ☐ No If Yes, State Name of Union _____

Reason for Requesting Leave: _____

Type of Leave: ☐ Leave of Absence With Pay ☐ Leave of Absence Without Pay
☐ Sick ☐ Vacation ☐ Worker's Compensation
☐ Other _____

Does the requested leave qualify under the Family and Medical Leave Act (FMLA) (to be completed by Department Director)? ☐ Yes ☐ No

If yes, this leave will be deemed to be taken as FMLA leave and assessed against employee's eligible FMLA leave.

Starting Date ____/____/____ Ending Date ____/____/____ No. of Days ____ /Hrs. ____

Date _____ Request by Employee _____

Date _____ Approved by Dept. Director _____

Date _____ Approved by Town Administrator _____

Original - Payroll
Copy - Origination Department
Copy - Employee